

NOV-06-01 08:20 FROM-Vela Pharmaceuticals
 Nov 05 01 03:06p Seth Lederman
 NOV-05-01 11:15 FROM-Vela Pharmaceuticals

609-885-835 T-353 P.003/009 F-652

609-885-8353 T-342 P.002/008 F-618

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PTO/SB/01 (12-02)
 Approved for use through 10/31/2002 GMB 0531-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	7516-1-002N
		First Named Inventor	Seth Lederman et al
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number TBA
		Filing Date	
		Group Art Unit	TBA
		Examiner Name	TBA

As a below-named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention outlined

(R,S),(R,R')-AMPHETAMINIL, COMPOSITIONS AND USES THEREOF
 (Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted]

as United States Application Number or PCT International

(if applicable).

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted]

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge as the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a), (g) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 358(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also indicated below, by checking the box, any foreign application for patent or inventors certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60,297,386	June 11, 2001	

[Page 1 of 2]

BURDEN HOUR STATEMENT: This form is estimated to take 21 minutes to complete. Time can vary depending upon the needs of the individual user. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20530. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20530.

NOV-06-01 08:20 FROM-Vela Pharmaceuticals
Nov 05 01 03:06P PTO LEVEL III

609-895-83

T-353 P.004/009 F-652

NOV-05-01 11:15 FROM-Vela Pharmaceuticals

609-895-8353

T-342 P.003/008 F-638

Product type: a plus sign (+) inside USA box → PTO/SB/051 (0-02)
Approved for use through 10/23/2012, GPO: 2009-0022
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DECLARATION — Utility or Design Patent Application

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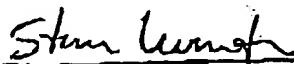
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1501 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

 A petition has been filed for this unsigned inventor**NAME OF SOLE OR FIRST INVENTOR:**Given Name **Seth**
(first and middle (if any))Family Name **Lederman**
or SurnameInventor's
Signature Date **11/6/01**Residence: City **New York**State **NY**Country **US**Citizenship **US**

Mailing Address

Mailing Address **143 East 95th Street**City **New York**State **NY**ZIP **10128**Country **US****NAME OF SECOND INVENTOR:**Given Name **Steve**
(first and middle (if any))Family Name **Levaster**
or SurnameInventor's
Signature Date **11/5/01**Residence: City **Langhorne**State **PA**Country **19047**Citizenship **US**

Mailing Address

Mailing Address **72 Oakwymne Terrace**City **Langhorne**State **PA**ZIP **19047**Country **US** Additional inventors are being named on the **supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.**

NOV-06-01 08:21 FROM-Vera Pharmaceuticals
Nov 05 01 03:03:04 P FROM-Vera Pharmaceuticals
NOV-05-01 11:15 FROM-Vera Pharmaceuticals

609-895-83

T-353 P.005/008 F-652

609-895-8383

T-382 P.004/008 F-538

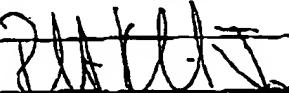
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PTO/SB/02A (11-00)
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

DECLARATION

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)	Family Name or Surname		
Robert 	Kucharik, Jr.		
Inventor's Signature	Date 11-5-01		
Glenmoore Residence City	PA State	US Country	US Citizenship
Mailing Address			
Mailing Address 1 Ashlea Drive			
City Langhorne	PA State	ZIP 19047	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)	Family Name or Surname		
Inventor's Signature	Date		
Residence City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)	Family Name or Surname		
Inventor's Signature	Date		
Residence City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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